

**LEE COUNTY DEPARTMENT OF SOCIAL SERVICES
MEDICATION ADMINISTRATION RECORD**

Child's Name:

This log is for one child for one month. Any medication (prescription or over-the-counter) given to the child **must** be listed on this form. Specific directions and codes are listed below. Turn this record in to the case worker monthly or whenever the child is removed from your home.

Month/Year:

[illegible]

Directions for Completing: Each time child is given any type of medication, the name of the medicine should be listed on the left side of the chart and the time. The proper code must be marked in the box under the day of the month. When the same medicine is given to the child at different times of the day, ditto marks(“) can be written underneath the name of the medicine to signify same medication. Write down prescription medicines, cough medicines, Tylenol, Pepto-Bismol....anything given to the child, how much and when given. Please write notes or comments on back of page.

Codes: OK – Child received medicine
F -- foster parent forgot medicine
U – medicine was unavailable
C – doctor changed medicine
R – child refused medicine
L – medicine was late
A – child or foster parent was away.

Signature of Person(s) Giving Medicine to Child:

My signature shows that all information on this form is true and accurate to the best of my knowledge.
